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Volume 21 | Issue 3 Article 12

1959

Rupture of the Uterus in a Bitch

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5 **Rupture of the Uterus in a Bitch.** On Jan. 25, 1959, a two and one half year-old female boxer was admitted to the Stange Memorial Clinic. The history given by the client was that the dog had whelped shortly after Christmas, 1958, with no noticeable complications. The dog seemed normal until 10 days before she was brought to the clinic for examination. The first symptoms noticed by the owner were bloating and abdominal distention. The bloating became continuously worse. Other symptoms shown were partial anorexia, swollen labia, vulvar discharge, and a temperature of 102.8° F. Urination and defication were reported to be normal and the dog had not vomited.

Pyometra was suspected and two cc of Combiotic (Pfizer) and 400 cc of dextrose were administered at 12 hour intervals before contemplated surgery. On January 26, the patient was routinely prepared for surgery. One and one-half grain of morphine was given as a preanesthetic and the dog was anesthetized with pentobarbitol sodium. Blood and dextrose were given intravenously during the operation to replace the fluids lost and to help prevent additional shock.

A five cm. mid-line incision was made and approximately 1,500 cc of transudate was slowly drained from the peritoneal cavity. After draining was nearly completed, the incision was increased in size to approximately 30 cm. There was a severe peritonitis present. The right horn of the uterus showed an area that had ruptured and then healed. Further examination of the right horn revealed a decaying fetus. Hair, bones, teeth, and pieces of flesh were found in the uterus, in the abdominal cavity, and adhering to the intestines. Hair was found growing on the intestines and abdominal wall. The ovaries, horns of the uterus, and part of the uterine body were removed. Pieces of the decaying fetus were removed and a number of the adhesions were broken down. Three layers of continuous sutures were used to close the incision in the abdominal cavity. Surgery was completed at 12 o'clock and 20 mg. of Solu-Cortef (Upjohn) was given intravenously. One hundred mg. of Polyotic (Lederle) was injected into the abdominal cavity. At 2 o'clock, 850 cc of blood and 800 cc of dextrose were administered. A half hour later, the mucous membranes were becoming pale and 250 cc of Intragel (Ft. Dodge) was given intravenously. One hour later 500 cc of blood and also oxygen were administered. The patient died a short time later. Necropsy revealed masses of viable hair growing on many peritoneal surfaces with edema and thickening of all serosal surfaces of the intestine. Death was attributed to shock and toxemia. **Kenneth Schulz, '60**

Note fetal bones in the peritoneal cavity.

BLOOD CALCIUM IN BOVINE KETOSIS. In ketotic cows with concentrations of total acetone bodies in whole blood above 45 to 50 mg. per 100 ml. a statistically significant depression of blood calcium has been found. The lowering of blood calicum in cows with ketosis is apparently secondary and due to reduced feed intake. A hypocalcemia of the same degree as in ketosis has been observed in cows fasted 48 hours. Some degree of incompatibility may exist between a strong acetonemia and tetanic levels of serum calcium.